No. 2
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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

FILED JUL 27 1940

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 19884

Registration District No. 791 Primary Registration District No. 1003 Registrar's No. 4832

1. PLACE OF DEATH:

(a) County 3

(b) City or town St. Louis
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution:
In Ambulance En Route to City Hosp.
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether
In this community 63 years
years, months or days)

2. USUAL RESIDENCE OF DECEASED: 0

(a) State Mo (b) County

(c) City or town St. Louis 15
(If outside city or town limits write "RURAL")

(d) Street No. 5315 West Ave.
(If rural, give location)

(e) If foreign born, how long in U.S.A.? [illegible] years.

3. (a) PRINT FULL NAME Theodore J. Westerhaus 236

3. (b) If veteran, name war no

3. (c) Social Security No. none

4. Sex male

5. Color or race white

6. (a) Single, widowed, married, divorced widower

6. (b) Name of husband or wife Mary Fischer Westerhaus

6. (c) Age of husband or wife if alive years

7. Birth date of deceased Dec. 15th, 1876 (Month) (Day) (Year)

8. AGE: Years	Months	Days	If less than one day
63	5	17	hr. min.

9. Birthplace St. Louis (City, town, or county) Mo (State or foreign country) 0

10. Usual occupation Stone Cutter 9

11. Industry or business Unemployed

FATHER
12. Name William Westerhaus 9
13. Birthplace Unknown (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name Unknown
15. Birthplace Unknown (City, town, or county) (State or foreign country)

16. (a) Informant Theo. Westerhaus Jr.
(b) Address 5315 West Ave.

17. (a) burial (Burial, cremation, or removal) (b) Date thereof June 5th 1940 (Month) (Day) (Year)
(c) Place: burial or cremation Calvary Cem

18. (a) Signature of funeral director Henry L. Weidenmueller
(b) Address 6203 Gravois ave

19. (a) [illegible] (Date received local registrar) (b) J. F. Bredeck (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month 6 day
year 1940 hour 4:50 minute P M.

21. I hereby certify that I attended the deceased from
, 19 , to , 19 ;
that I last saw h alive on , 19 ;
and that death occurred on the date and hour stated above.

Immediate cause of death Chr. Myocarditis
Chr. Interstitial Nephritis
Due to Arteriosclerosis
Due to Fever
Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

131

Duration

PHYSICIAN
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify)
(b) Date of occurrence
(c) Where did injury occur? (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?
(Specify type of place)
While at work? (e) Means of injury

23. Signature [illegible] (M.O. or other)
Address Deputy Coroner Date signed

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 2971

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.